

TO: (Circle one)

OEO

OF  
(Off. of Finance)FEE TRANSMITTAL  
REGISTER

DATE

NO.	SOCIAL SECURITY NUMBER	BIC	NAME OF REMITTER (FIRST) (LAST)	\$ AMOUNT	RECEIPT NUMBER	REMARKS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

TOTAL \$ AMOUNT

FO USE ONLY

OEO/OF USE ONLY

SIGNATURE OF REMITTANCE CLERK

AUTHORIZED SIGNATURE

PRINT NAME

SIGNATURE OF SUPERVISOR

CHECK REGISTER NO.:

DATE:

PHONE NO.

PHONE NO.

( )

DATE

FROM

ATTN: MANAGER